



05-15-07

Re-exam \$

PTO/SB/21 (04-07)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Reexam Application Number	90/005,708-Conf. #3545	
	Filing Date	April 24, 2000	
	Reissue application Number	09/484,260	
	Filing Date	January 18, 2000	
	First Named Inventor	Thomas C. Gipson	
	Art Unit	3676 / 3672	
Examiner Name	G. A. Suchfield		
Total Number of Pages in This Submission	11	Attorney Docket Number	HO-P02233US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Letter Substitute Reissue Application Declaration by the Inventor
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature			
Printed name	Michael S. McCoy		
Date	May 14, 2007	Reg. No.	46,913

CERTIFICATE OF ELECTRONIC TRANSMISSION
37 C.F.R. § 1.8

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Sharon K. Ditch

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**AMENDMENT TRANSMITTAL LETTER**Docket No.
HO-P02233US1

Reexam Application No. 90/005,708	Filing Date April 24, 2000	Examiner G.A. Suchfield	Art Unit 3676
Reissue Application No. 09/484,260-Conf. #3545	Filing Date January 18, 2000	Examiner G. A. Suchfield	Art Unit 3672

Applicant(s): Thomas C. Gipson

Invention: MERGE, RE-EXAMINE AND REISSUE APPLICATION FOR METHOD AND APP ARATUS
FOR INJECTIONS COILED TUBING IN WELLS**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	7	- 25 =	0	x 50.00		0.00
Independent Claims	2	- 3 =	0	x 200.00		0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify): Extension for response within third month						1020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						1020.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 06-2375 in the amount of \$ 120.00

A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 06-2375
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Michael S. McCoy
Attorney/Agent Reg. No.: 46,913

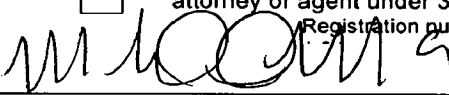
Dated: 5/14/07

FULBRIGHT & JAWORSKI L.L.P.
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(713) 651-8216CERTIFICATE OF ELECTRONIC TRANSMISSION
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) HO-P02233US1	
Reexam Application Number 90/005,708-Conf. #3545		Filed: April 24, 2000	
Reissue Application Number 09/484,260-Conf. #9484		Filed: January 18, 2000	
For MERGE, RE-EXAMINE AND REISSUE APPLICATION FOR METHOD AND APPARATUS FOR INJECTIONS COILED TUBING IN WELLS			
Art Unit 3676		Examiner G. A. Suchfield	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-2375. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,913			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR _____			
		5/14/07	
Signature		Date	
Michael S. McCoy		(713) 651-8216	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 5 forms are submitted.			

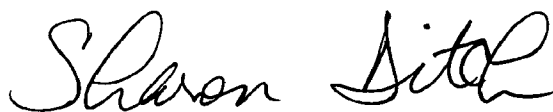
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Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 678186454 US in an envelope addressed to:

MS Amendment
Commissioner for Patents
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Alexandria, VA 22313-1450

on May 14, 2007
Date



Signature

Sharon Ditch

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 651-3638
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form (1 Page)
Amendment Transmittal Letter (1 Page)
Petition for Extension of Time (1 Page)
Amendment in Response to Non-Final Office Action dated November 13, 2006 and November 20, 2006 (7 Pages)
Substitute Reissue Application Declaration by the Inventor (3 Pages)